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LICENSE NUMBER: 046400001	CITY OR TOWN GREAT BARRINGTON
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: 10 CASTLE STREET CORP.	
DOING BUSINESS A CASTLE STREET CAFE	
ADDRESS 010-12 CASTLE STREET	
CITY/TOWN: GREAT BARRINGTON STATE: MA	ZIP CODE: 01230
MANAGER: BALLON, TYPE OF LICENSE: ROMICHAEL L.	estaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ENTIRE FIRST FLOOR, KITCHEN AND CELLAR FOR S' ADJOINING PREMISES ON THE GROUND FLOOR OF 1 ALCOHOL TO OUTDOOR AREA	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	_
2. the licensee has complied with all laws of the Com	_
3. the premises are now open for business (If not exp	lain below)
SIGNED BY	
Individual, Partner or Authorized Corp	oorate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.	nd of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
(in disapprovide supram)	
(in disapprovide supram)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 046400005		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION F	OR RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
	E: MTZ COMPANY, I SS A THE MANHATTA AIN STREET		ANY		
CITY/TOWN: G	REAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: CA	ANDEE,MELISSA TYP	E OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
	F LICENSED PREMIS				
	R HAS TWO ROOMS, I d swear under penalties		TTH KITCHEN STO	RAGE UPST	TAIRS
2. the lice	ewed license will be of the same has complied with a mises are now open for be	all laws of the Con	nmonwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
Acts of 2004, sign	ned, attest that we are ined by the building insid (2) the certificate of i	pector and the he	ad of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex	plain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 046400008		CITY OR TOWN	GREAT BA	RRINGTON
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
	S A RISINGDALE CAF	E			
ADDRESS PARK					
CITY/TOWN: GI	REAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
	DSELL, TYPE ORIA J.	OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR I	EMAIL ADDRESS		
	F LICENSED PREMISES				
	RST FLOOR, SERVICE		PORCHES AND LA	WN	
 the rene the licer 	I swear under penalties of wed license will be of the usee has complied with all uses are now open for but	same type for the laws of the Com	monwealth relating to		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Acts of 2004, sign	ned, attest that we are in ned by the building inspe d (2) the certificate of liq	ctor and the hea	d of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400009		CITY OR TOWN	GREAT BARRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ADAMS-BUDZ POST HO	OME, INC		
DOING BUSINESS A			
ADDRESS PARK STREET			
CITY/TOWN: GREAT BARRINGTON ST	ATE: MA	ZIP CODE:	01230
MANAGER: MURPHY, MICHAE TYPE OF I	LICENSE: Vet	erans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
ONE FLOOR-BAR DINING ROOM, STORE R MEETING ROOM, UTILITY ROOM & STORA			
I hereby certify and swear under penalties of perj	ury that:		
1. the renewed license will be of the same	• •	•	
2. the licensee has complied with all law		•	taxes; and
3. the premises are now open for busines	ss (If not expla	in below)	
SIGNED BY Individual, Partner or Aut	harizad Carna	rata Officar	
individual, Father of Aut	norizeu Corpo	rate Officer	
DATE: TELEPHONE NUM		EMBI OVED	IDENTIFICATION NUMBER:
TELEPHONE NUM	IBER:		ividual Social Security Number)
			•
We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	and the head	of the fire departn	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved applein)			
(If disapproved explain)			
DATE:			



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LICENSE NUM	IBER: 046400011		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
	ME: VAN HUYNH INC. ESS A 20 RAILROAD RAILROAD ST.				
CITY/TOWN:	GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER:	HUYNH, HUY TYPE	OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREMISE	S:			
TAP ROOM, KI	ITCHEN, GROUND FLOO	R FOR SALES,	CELLAR FOR STO	RAGE	
I hereby certify a	and swear under penalties of	f perjury that:			
1. the re	enewed license will be of the	e same type for the	he same premises nov	w licensed;	
2. the li	censee has complied with al	l laws of the Cor	mmonwealth relating	to taxes; and	
3. the pr	remises are now open for bu	ısiness (If not ex	plain below)		
SIGNED BY DATE:	Individual, Partner or TELEPHONE			ER IDENTIFICAT	ION NUMBER:
	TEELITIONE	NOWIDER.	(Note: NOT In	ndividual Social S	ecurity Number)
Acts of 2004, si	igned, attest that we are in igned by the building inspo and (2) the certificate of li	ector and the he	ead of the fire depar	tment for the	above
Please Check Below	<u>/:</u>		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVEI (If disapproved of					
(11 disappioved (Capiani)				
DATE:					
APPLICATION FOR R	RENEWAL MUST BE FILED BY LICE	ENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 046400012		CITY OR TOWN	GREAT BARRINGTO	N
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS	M.L. ENTERPRISES A MARTIN'S	S, INC.			
ADDRESS 49 RAIL	ROAD ST.				
CITY/TOWN: GRI	EAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: LEW	VIS, MARTIN TYPE	E OF LICENSE: R	estaurant CA	ATEGORY: All Alcoho	1
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISE TH 900 SQ FT, WITH I		AND KITCHEN, RES	ST ROOMS IN	
 the renew the licens 	wear under penalties of red license will be of the ee has complied with a ses are now open for bu	e same type for the laws of the Cor	nmonwealth relating to		
SIGNED BY	Individual, Partner o	r Authorized Cor	oorate Officer		
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER	
Acts of 2004, signed	d by the building insp	ector and the he	ad of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400013	C	CITY OR TOWN	GREAT BARRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: EGREMONT COUNTR	Y CLUB, INC.		
DOING BUSINESS A EGREMONT COUNT	RY CLUB		
ADDRESS RTE. 23			
CITY/TOWN: GREAT BARRINGTON S'	ΓATE: MA	ZIP CODE:	01230
MANAGER: MAZZARELLI, TYPE OF FRANK C. JR.	LICENSE: Resta	urant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMAI	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
ONE SOUTH, TWO NORTH AND ONE WES ROOM, PATIO, COAT ROOM AND STORAG		ROOMS, KITCHE	N, CONFERENCE
I hereby certify and swear under penalties of per	rjury that:		
1. the renewed license will be of the sar	• •	•	
2. the licensee has complied with all lar		٥	taxes; and
3. the premises are now open for busine	ess (If not explain	below)	
CICNED DV			
SIGNED BY			
Individual, Partner or Au	thorized Corpora	te Officer	
Individual, Partner or Au	thorized Corpora	te Officer	
Individual, Partner or Au	thorized Corpora	te Officer	
Individual, Partner or Au DATE: TELEPHONE NU			IDENTIFICATION NUMBER:
DATE		EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
DATE	MBER: ssession (1) the c r and the head o	EMPLOYER (Note: NOT Indicertificate require	ed by Chapter 304 of the nent for the above
DATE: TELEPHONE NUMBER OF	MBER: ssession (1) the c r and the head o r liability insura	EMPLOYER (Note: <u>NOT</u> Indicertificate require of the fire department of the fire department)	ed by Chapter 304 of the nent for the above
DATE: TELEPHONE NUMBER OF	MBER: ssession (1) the c r and the head o r liability insura	EMPLOYER (Note: <u>NOT</u> Indicertificate require of the fire department of the fire department)	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
DATE: TELEPHONE NULL We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010. Please Check Below: APPROVED: DISAPPROVED:	MBER: ssession (1) the c r and the head o r liability insura	EMPLOYER (Note: NOT Indicertificate requires of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
DATE: TELEPHONE NUMBER OF	MBER: ssession (1) the c r and the head o r liability insura	EMPLOYER (Note: NOT Indicertificate requires of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
DATE: TELEPHONE NULL We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010. Please Check Below: APPROVED: DISAPPROVED:	MBER: ssession (1) the c r and the head o r liability insura	EMPLOYER (Note: NOT Indicertificate requires of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts



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LICENSE NUMBER	:046400014		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS		RS U.S.JAMES A N	MODOL POST#834	48	
ADDRESS 800 SO. 1					
CITY/TOWN: GRE	AT BARRINGTON	STATE: MA	ZIP CODE:	01230	
	QUETTE, TYPE MOND J.	OF LICENSE: Vet	erans club CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		-
	LICENSED PREMISE				
	JR ROOMS FIRST FL ON PORCH AND LA		AND SERVICE F	BAR ON SEC	COND
I hereby certify and s	wear under penalties o	f perjury that:			
	ed license will be of the	• •	•		
2. the license	ee has complied with a	ll laws of the Comn	nonwealth relating to	o taxes; and	
3. the premis	ses are now open for bu	usiness (If not expla	nin below)		
SIGNED BY	Individual, Partner of	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	I, attest that we are in by the building insp 2) the certificate of li	ector and the head	l of the fire departi	ment for the	above
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED: [(If disapproved expla	in)		Ву:		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 046400020	•	CITY OR TOWN	GREAT DE	ARRINGTON
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	E: GREAT BARRINGTO	ON PIZZA HOUSE	E, INC.		
DOING BUSINES	S A THE PIZZA HOUSE	3			
ADDRESS 36 STA	ATE RD.				
CITY/TOWN: GI	REAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
	ANNARIS, TYPE (HARIAS K.	OF LICENSE: Rest	aurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	AIL ADDRESS		
	F LICENSED PREMISES				
TWO ROOMS ON	I FIRST FLOOR FOR SE	RVICE			
I hereby certify and	d swear under penalties of	perjury that:			
1. the rene	ewed license will be of the	same type for the s	ame premises now	licensed;	
2. the licer	nsee has complied with all	laws of the Commo	onwealth relating to	taxes; and	
3. the pren	nises are now open for bus	siness (If not explai	n below)		
SIGNED BY	Individual Dominan on	Authorized Comon	oto Officer		
	Individual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE N	HIMDED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELEFTIONET	WIDER.	(Note: NOT Ind		
Acts of 2004, sign	ned, attest that we are in ned by the building inspe d (2) the certificate of liq	ctor and the head	of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400023		CITY OR TOWN	GREAT BARRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CHU & CHEN GROU	JP, INC.		
DOING BUSINESS A KOI CHONESE RE	STAURANT		
ADDRESS 300 STATE RD.			
CITY/TOWN: GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230
MANAGER: CHEN, RICHARD TYPE T.	OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
GROUND FLOOR AND CELLAR CONSIS KITCHEN, PATIO AND CELLAR	STING OF THRE	E PUBLIC INTERIO	OR ROOMS,
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the		=	
2. the licensee has complied with all		· ·	taxes; and
3. the premises are now open for bu	siness (If not expl	ain below)	
GIGNED DV			
SIGNED BY Individual, Partner or	Authorized Corp	orate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ctor and the hea	d of the fire departn	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disappioved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 046400025	(CITY OR TOWN GRE	AI BARRINGION
APPLICATION FOR	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	G.B.F.B.P., INC			
DOING BUSINESS	A FOUR BROTHERS P	IZZA INN		
ADDRESS STOCKE	BRIDGE RD.			
CITY/TOWN: GRE	AT BARRINGTON	STATE: MA	ZIP CODE: 012	30
MANAGER: STEF	FANOPOULOS, TYPE O ER	F LICENSE: Resta	aurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISES:			
MAIN DINING ROO	OM FOR SERVICES, KI	TCHEN AND ST	ORAGE AREA	
• •	wear under penalties of p	• •		
		• 1	ame premises now license	
	*		onwealth relating to taxes	; and
3. the premis	ses are now open for busi	ness (If not explain	n below)	
SIGNED BY	Individual, Partner or A	Authorized Corpor	ate Officer	
	,	•		
DATE:	TELEPHONE N	(IMRFR:	EMPLOYER IDENT	TIFICATION NUMBER:
	TEEE HOLE IV	OWIDER.	(Note: NOT Individual	Social Security Number)
Acts of 2004, signed	by the building inspect	tor and the head	certificate required by of the fire department fance required by Chapt	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				
DAIE.				



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LICENSE NUMBE	R: 046400028		CITY OR TOWN	GREAT BARRINGTON	
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME	E: COVE BOWLING AND	ENTERTAIN	MENT INC.		
DOING BUSINESS	S A				
ADDRESS 109 ST	OCKBRIDGE RD.				
CITY/TOWN: GR	REAT BARRINGTON ST	CATE: MA	ZIP CODE:	01230	
	NKEY, TYPE OF OMAS M.	LICENSE: Res	taurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMISES:				
ONE LARGE ROOM CONTAINING BAR ON EAST SIDE, SERVICE IN ENCLOSED AREA IN NORTH END OF BOWLING LANE , ENCLOSED SNACK BAR, SERVICE ON CONCOURSE					
I hereby certify and swear under penalties of perjury that:					
1. the renewed license will be of the same type for the same premises now licensed;					
2. the licen	see has complied with all law	vs of the Comn	nonwealth relating to	taxes; and	
3. the prem	nises are now open for busine	ss (If not expla	in below)		
SIGNED BY					
	Individual, Partner or Aut	thorized Corpo	rate Officer		
DATE:	TELEPHONE NUM	MBER:		IDENTIFICATION NUMBER:	
			(Note: NOT Indi	vidual Social Security Number)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	046400033		CITY OR TOWN	UKEAI DA	ARRINGTON
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS DEPOT S	L				
CITY/TOWN: GREA		STATE: MA	ZIP CODE:	01236	
MANAGER: ABER JOSEF	DALE, TYPE	OF LICENSE: Pa		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION OF L					
1ST FL. SALES & ST STORAGE.	ORAGE & OFFICE.B	SASEMENT - ST	ORAGE; 2ND FL.	SALES AND	
	e has complied with all es are now open for bus Individual, Partner or	siness (If not exp	lain below)		
DATE:	TELEPHONE N	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400034	CIT	TY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
C	CLASS			YEAR
LICENSEE NAME: DOMANEYS LIQUORS AN	ND FINE FOOD	OS,INC.		
DOING BUSINESS A DOMANEYS LIQUOR				
ADDRESS 66 MAIN ST				
CITY/TOWN: GREAT BARRINGTON STAT	TE: MA	ZIP CODE:	01230	
MANAGER: DOMANEY, TYPE OF LICE	CENSE: Package	e Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL	ADDRESS		J
DESCRIPTION OF LICENSED PREMISES:				
FIRST FLOOR HAS TWO ROOMS, ONE FOR STAND EXIT ON THE FIRST FLOOR. STORAGE OF THE NEW UPPER FLOOR AND STOCKROOM				
I hereby certify and swear under penalties of perjury	y that:			
1. the renewed license will be of the same t	ype for the sam	e premises now	licensed;	
2. the licensee has complied with all laws of	of the Commony	wealth relating to	taxes; and	
3. the premises are now open for business ((If not explain b	elow)		
SIGNED BY	wizad Campanata	Officer		
Individual, Partner or Author	rized Corporate	Officer		
DATE: TELEBRIONE NUMB		EL EDI OVED	IDENTIFICATION I	TON MIN (DED
TELEPHONE NUMB	ER:	(Note: NOT Ind		ION NUMBER:
		·		,
Please Check Below:	L	OCAL LICENS	ING AUTHO	ORITY
APPROVED:	В	y:		
DISAPPROVED:				
(If disapproved explain)	_			
	-			
DATE:	=			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	046400035		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CELLARBRATION, IN	C			
DOING BUSINESS A	GRAPE FINDS				
ADDRESS 740 main s	treet				
CITY/TOWN: GREA	T BARRINGTON S	TATE: MA	ZIP CODE:	01230	
MANAGER: SMEG P.	AL, JOSEPH TYPE OF	LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES:				
NORTHERLY SIDE A	7/2 STORAGE AREAS, AND INCLUDES 30'X20 TH ENTRANCE/EXIT O	O'STORAGE A	AREA ALONG WAL	L OF FORM	IER
I hereby certify and sw	ear under penalties of pe	rjury that:			
1. the renewed	l license will be of the sa	me type for the	e same premises now	licensed;	
2. the licensee	has complied with all la	ws of the Com	monwealth relating to	taxes; and	
3. the premise	s are now open for busin	ess (If not exp	lain below)		
SIGNED BY					
	Individual, Partner or Au	ithorized Corp	orate Officer		
DATE:	TELEPHONE NU	MBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	security Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	110710111	
DISAPPROVED:			Ž		
(If disapproved explain	1)				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 046400036		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	GORHAM AND N	ORTON,INC.			
DOING BUSINESS	A				
ADDRESS 278 MAI	IN ST				
CITY/TOWN: GRE	EAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: TRA	CY, JOHN P TYP	PE OF LICENSE: P	ackage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
SALES AND SERV	ICE FIRST FLOOR,	CELLAR FOR ST	ORAGE		
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for th	e same premises now	licensed;	
2. the license	ee has complied with	all laws of the Con	nmonwealth relating t	o taxes; and	
3. the premi	ses are now open for	business (If not exp	olain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEEETHOT	Z I (CIVIDZIC	(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	• `				
(If disapproved expla	nin)		-		
DATE:			-		
_ ·					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	046400037	CITY OR TOWN GREAT BARRING	ION
APPLICATION FOR	RENEWAL: Annu	al LICENSED FOR 2013	
	CLAS	SS YEAR	
LICENSEE NAME: DOING BUSINESS A	MILLERTON SUPER OF GREA TROTTA'S	AT BARRINGTON,INC.	
ADDRESS 490 MAIN	I ST		
CITY/TOWN: GREA	AT BARRINGTON STATE:	MA ZIP CODE: 01230	
MANAGER: BLEA D.	U, REBECCA TYPE OF LICEN	SE:Package Store CATEGORY: All Alco	ohol
EMAIL ADDRESS:			
PI	EASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:		
	PARKING LOT, NORTH SIDE. S GE IN LOFT, 1211 SQ FT.	STORE HAS 2947 SQ FT. ADDITION HAS	
I hereby certify and sw	vear under penalties of perjury tha	t:	
1. the renewed	d license will be of the same type	for the same premises now licensed;	
2. the licensee	e has complied with all laws of the	e Commonwealth relating to taxes; and	
3. the premise	es are now open for business (If no	ot explain below)	
SIGNED BY			
	Individual, Partner or Authorized	l Corporate Officer	
DATE:	TELEBLIONE NUMBER	EMPLOYER IDENTIFICATION NUMBER	RED.
2.112.	TELEPHONE NUMBER:	(Note: NOT Individual Social Security Nun	
D. G. 1.D.			
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY	
DISAPPROVED:		Ву:	
(If disapproved explain			_
			=
			_
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	46400039		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR R	ENEWAL:	Annual	nnual LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: (CARJAC,INC				
DOING BUSINESS A	PLAZA PACKAGE				
ADDRESS 155 STATE	ERD				
CITY/TOWN: GREA	Γ BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: ALMOI	RI, REGIO A.TYPE C	F LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LIG	CENSED PREMISES				
ALL ON ONE FLOOR AND OFFICE. RETAIL NORTH SIDE OF BLE NOT OPEN TO PUBL	L ENTRANCE/EXIT OG. STEEL DOOR ON	FACING STAT NORTH SIDE	E ROAD. LOAD- IN E. ACCESS POINTS	IG DOCK O	N
I hereby certify and swe	ar under penalties of p	erjury that:			
• •	license will be of the	•	e same premises now	licensed;	
2. the licensee	has complied with all	aws of the Com	monwealth relating to	o taxes; and	
3. the premises	are now open for bus	ness (If not exp	lain below)		
SIGNED BY					
I	ndividual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	lividual Social S	Security Number)
Please Check Below:			LOCAL LICENS	INC AUTH	ODITV
APPROVED:			By:	omo Au ini	OKITI
DISAPPROVED:			Dy.		
(If disapproved explain))				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 046400040		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS ADDRESS 760 SOU	JTH MAIN STREET	JIT AND PRO	DDUCE, INC. ZIP CODE:	01230	
	SIERO, TYPE OF I ISTOPHER P.	LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EN	MAIL ADDRESS		
APPROX 121'X145' CORNER NEAR PR EMERGENCY EXI	LICENSED PREMISES: . DISPLAY AREA CENTR. RODUCE COOLER TO BE (T ON SOUTH; MAIN ENT) EXIT ON NORTH. LOADII	CAGED AND RANCE/EXIT	LOCKED. 2 SERV ON EAST FRONT	TCE DOORS	S AND
1. the renew	swear under penalties of perj red license will be of the sam ee has complied with all law	e type for the	=		
	ses are now open for busines		_		
SIGNED BY	Individual, Partner or Aut	norized Corpo	rate Officer		
DATE:	TELEPHONE NUM	IBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS! By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 046400041		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LEO LOCKE LARKIN	1			
DOING BUSINESS	A LOCKE, STOCK AN	D BARREL			
ADDRESS 265 STO	CKBRIDGE ROAD				
CITY/TOWN: GRE	EAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER:	ТҮРЕ С	OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT		MAIL ADDRESS		
	LICENSED PREMISES			_	
	SALES, CELLAR FOR		TRANCE AND EXT	Т	
	swear under penalties of pred license will be of the		a sama pramisas now	licensed:	
	ee has complied with all		=		
	ses are now open for bus		=	, unios, unio	
	_				
SIGNED BY					
	Individual, Partner or A	Authorized Corp	orate Officer		
D 4 777					
DATE:	TELEPHONE N	UMBER:			ION NUMBER:
			(Note: <u>NOT</u> Ind	ividuai Sociai S	ecunty Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	1111 <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:046400042		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
	DAVID R. THORNE A THORNEWOOD IN	N			
CITY/TOWN: GRE		STATE: MA	ZIP CODE:	01230	
		21112.			A11 A1 1 1
MANAGER:	TIPE	OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEBSIT	PE AND ENTED VOLD	EMAIL ADDDESS		
	LICENSED PREMISES		ENIAIL ADDRESS		
	E RDINN WITH 10 (ROOM, LIBRARY AN		S, 7 EXITS , SIDE A	ND FRONT	
2. the license	ed license will be of the ee has complied with all ses are now open for bus	laws of the Con	nmonwealth relating to		
SIGNED BY	Individual, Partner or	Authorized Corp	porate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
Acts of 2004, signed	d, attest that we are in the distribution of the building inspect (2) the certificate of liquid	ctor and the hea	ad of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 046400054		CITY OR TOWN GREAT	I BARRINGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE N.	AME: 2001, INC			
DOING BUSI	NESS A BOGIE'S			
ADDRESS RO	OUTE 7			
CITY/TOWN:	GREAT BARRING	TON STATE: MA	ZIP CODE: 01230	
MANAGER:	ABDALLA, GEORGE R	TYPE OF LICENSE: Res	ctaurant CATEGOF	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	N OF LICENSED PRE			
OUTSIDE PA	TIO, TENT BANQUE		N, SEATING CAPACITY C L FOR MEMBERS ONLY.	DF 120,
3. the SIGNED BY	-	rtner or Authorized Corpo		
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Ch l of the fire department for rance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disapproved	u capiani)			
DATE:				



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LICENSE NUMBER: 046400056		CITY OR TOWN	GREAT DA	ARRINGTON
APPLICATION FOR RENEWAL:	LICENSED FOR 2013			
	CLASS			YEAR
LICENSEE NAME: BERKSHIRE MOUN	TAIN BREWERS	S, INC		
DOING BUSINESS A BARRINGTON BR	EWERY & REST	AURANT		
ADDRESS 420 STOCKBRIDGE RD				
CITY/TOWN: GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: HAPP, GARY W. TYPE	OF LICENSE: Res	staurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES	S:			
FIRST FLOOR; KITCHEN, ONE DINING SPECIAL FUNCTION ROOM. OUTDOOR SEATING/ NORTH SIDE SEASONAL PO	R-SOUTH SIDE O			
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the		same premises nov	w licensed;	
2. the licensee has complied with all	l laws of the Comr	nonwealth relating	to taxes; and	
3. the premises are now open for bu	siness (If not expla	ain below)		
SIGNED BY Individual, Partner or	Authorized Corpo	orate Officer		
DATE: TELEPHONE I	NUMBER:		ER IDENTIFICAT	
		(Note: NOT In	ndividual Social S	Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ctor and the head	l of the fire depar	tment for the	above
Please Check Below:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 046400059		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	GO GO GOURMET,LL	C			
DOING BUSINESS	A NAPA WINE BAR & I	RESTAURAN'	Γ		
ADDRESS 293 MA	IN ST				
CITY/TOWN: GRI	EAT BARRINGTON S	TATE: MA	ZIP CODE:	01230	
MANAGER: HAN	NDEL,HEIDI H. TYPE OF	LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		ī
DESCRIPTION OF	LICENSED PREMISES:				
ONE ROOM ON GI	ROUND FLOOR, ENTIRE	GROUND FL	OOR EXCEPT FOR	THE KITC	HEN
	swear under penalties of pe	<i>.</i>			
	ved license will be of the sa		=		
	see has complied with all la ises are now open for busin		=	taxes; and	
	ises are now open for busin	ess (II not expi	am ociow)		
SIGNED BY					
	Individual, Partner or Au	thorized Corp	orate Officer		
DATE:	TELEPHONE NU	MBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in po d by the building inspecto (2) the certificate of liquo	or and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)		-		
DATE:					



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LICENSE NUN	MBER: 046400062		CITY OR TOWN	GREAT BARRINGTON
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: ROUTE 7 BARBEQ	UE, LLC		
DOING BUSIN	NESS A			
ADDRESS 999	SOUTH MAIN STREET			
CITY/TOWN:	GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230
MANAGER:	Blumenthal, Lester TYPE	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
	NOF LICENSED PREMISE			
RESTAURANT PAVILLION.	Γ AND LOUNGE INCLUD	ES DINING ROO	M.BAR AREA AND	OUTSIDE
I hereby certify	and swear under penalties of	of perjury that:		
1. the r	renewed license will be of the	e same type for the	same premises now	licensed;
2. the 1	icensee has complied with a	ll laws of the Com	monwealth relating to	taxes; and
3. the p	premises are now open for b	usiness (If not expl	ain below)	
SIGNED BY	Individual Doutnon o	a Authorized Com	amata Offican	
	Individual, Partner o	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
	TEEE HOLLE	TOMBER.	(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, s	signed, attest that we are in signed by the building insp and (2) the certificate of li	ector and the hea	d of the fire departr	nent for the above
Please Check Below	<u>w:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			
DATE:				
	RENEWAL MUST BE FILED BY LIC		-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 046400066		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
DOING BUSINESS					
ADDRESS 312 MA			ZID CODE	01220	
		STATE: MA	ZIP CODE:	01230	
MANAGER: POI	PPER, JULIET E. TYPE C	F LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
ALCOHOL TO BE FRONT ENTRANG I hereby certify and 1. the renev 2. the licen	FLEASE ALSO VISIT OUR WEBSITE IN LICENSED PREMISES: SERVED IN FRONT ROCE AND REAR ENTRAN swear under penalties of proceeding with a license will be of the see has complied with all licenses are now open for business.	OOM(DINING A ICE AND EXIT. Derjury that: Same type for the laws of the Com	ND STORE AREA) e same premises now monwealth relating to	licensed;	5,
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
Acts of 2004, signe	ed, attest that we are in ped by the building inspect (2) the certificate of liqu	tor and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 04640006/	C	ITY OR TOWN GREAT BARRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: I.E., INC.		
DOING BUSINESS A		
ADDRESS STATE RD		
CITY/TOWN: GREAT BARRINGTO	ON STATE: MA	ZIP CODE: 01230
MANAGER: MURDOCK, JEFFREY H.	YPE OF LICENSE: Restau	rant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMAIL	L ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
UPPER LODGE; 1ST FLR CONSISTS MEZZANINE. INCLUDE DECKS AN SOUTH, 3 EAST, 1 KITCHEN. EMER CLUBHOUSE, DINING AREAS CAF	ID PORCHES, MAIN EN' RGENCY EXITS. 3 IN PA	TRYWAYS AND EXITS, 3 NORTH,3 AVIL. 1 IN MEZZANINE.
I hereby certify and swear under penalt	ies of perjury that:	
1. the renewed license will be	of the same type for the same	me premises now licensed;
2. the licensee has complied w		
3. the premises are now open f	or business (If not explain	below)
SIGNED BY Individual, Partr	ner or Authorized Corporat	te Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disapproved explain)		
DATE:		



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LICENSE NUMI	BER: 046400068		CITY OR TOWN	GREAT BARRINGTON
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: J.M. MARCUS, INC.			
DOING BUSINE	ESS A BIZEN			
ADDRESS 015-2	21 RAILROAD ST			
CITY/TOWN: (GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230
	MARCUS, J. TYPE MICHAEL	OF LICENSE: Rest	caurant CA	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR WEBSI		AIL ADDRESS	
	OF LICENSED PREMISES			
FOR DINING, 2 AND EXIT BEH	OR AND BASEMENT EAC HALLWAYS CONNECT IND RESTAURANT. SEA 'ABLES SEATING FOR 24	REST. 21 RAILRO TING FOR THE C	OAD ST HAS ITS (OWN ENTRANCE
I hereby certify a	nd swear under penalties of	perjury that:		
	newed license will be of the		=	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and				
2 41			1 1	
3. the pro	emises are now open for bu	siness (If not explain	in below)	
3. the pro-	emises are now open for bu Individual, Partner or			
	Individual, Partner or	Authorized Corpor	rate Officer	IDENTIFICATION NUMBER:
SIGNED BY		Authorized Corpor	rate Officer EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
SIGNED BY DATE: We the undersig Acts of 2004, sig	Individual, Partner or	Authorized Corpor NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Ind	ed by Chapter 304 of the nent for the above
DATE: We the undersig Acts of 2004, signamed license a	Individual, Partner or TELEPHONE I gned, attest that we are in gned by the building inspe nd (2) the certificate of lig	Authorized Corpor NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departr	ed by Chapter 304 of the nent for the above
DATE: We the undersig Acts of 2004, sig named license a of 2010. Please Check Below: APPROVED:	Individual, Partner or TELEPHONE I gned, attest that we are in gned by the building inspend (2) the certificate of light.	Authorized Corpor NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersig Acts of 2004, sig named license a of 2010. Please Check Below: APPROVED: DISAPPROVED	Individual, Partner or TELEPHONE I gned, attest that we are in gned by the building inspe nd (2) the certificate of lice	Authorized Corpor NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by the the fire departs and the fir	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersig Acts of 2004, sig named license a of 2010. Please Check Below: APPROVED:	Individual, Partner or TELEPHONE I gned, attest that we are in gned by the building inspe nd (2) the certificate of lice	Authorized Corpor NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by the the fire departs and the fir	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersig Acts of 2004, sig named license a of 2010. Please Check Below: APPROVED: DISAPPROVED	Individual, Partner or TELEPHONE I gned, attest that we are in gned by the building inspe nd (2) the certificate of lice	Authorized Corpor NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by the the fire departs and the fir	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER: 046400069		CITY OR TOWN	GREAT BAI	RRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 201	3
	CLASS		Y	'EAR
LICENSEE NAME: XICOHTENCATL MEXICA	AN RESTAU	JRANT, INC.		
DOING BUSINESS A				
ADDRESS 50 STOCKBRIDGE RD				
CITY/TOWN: GREAT BARRINGTON STA	TE: MA	ZIP CODE:	01230	
MANAGER: BERGINS, TONI TYPE OF LIG	CENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
MAIN FL. OF WOOD FRAME BLDG. MAIN EN ON PORCH, BACKYARD & KITCHEN. IN GOO PORCH.				ANCES
I hereby certify and swear under penalties of perjur	y that:			
1. the renewed license will be of the same		•		
2. the licensee has complied with all laws		_	taxes; and	
3. the premises are now open for business	(If not explain	in below)		
SIGNED BY Individual, Partner or Author	orized Cornor	rata Officar		
individual, I artifel of Addic	rized Corpor	ate Officer		
DATE: TELEPHONE NUME	DED.	EMPI OYER	IDENTIFICATIO)N NI IMBER:
TELEPHONE NUME	EK.	(Note: NOT Ind		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.				
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		-		
		·		
DATE:				



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LICENSE NUMBER: 046400071	(CITY OR TOWN	GREAT BARRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MEZZE SOUTH INC DOING BUSINESS A VERDURA	C.		
ADDRESS 44 RAILROAD STREET			
CITY/TOWN: GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230
MANAGER: THOMAS, NANCY TYPE	OF LICENSE: Resta	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE 44 RAILROAD ST.11,000 SQ. FT.2 ENTR BASEMENT, SERVING ALCHOL IN DIN SEATING FOR 30 PEOPLE, 18 AT BAR.S EXIT IN REAR.	2.1FRONT 1 BACK. ING RM. & BAR, 4	2 RAILROAD ST.	KITCHEN,BAR
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the	e same type for the sa	ame premises now	licensed;
2. the licensee has complied with al		_	taxes; and
3. the premises are now open for bu	isiness (If not explain	n below)	
SIGNED BY Individual, Partner or	r Authorized Corpora	ate Officer	
DATE: TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent named license and (2) the certificate of license 2010.	ector and the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(cosppio od orpium)			
		-	



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LICENSE NUMBER	l: 046400072		CITY OR TOWN	GREAT BA	RRINGTON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 201	13
		CLASS		Y	/EAR
LICENSEE NAME:	YEUNG, CORP.				
DOING BUSINESS	A THE EAST				
ADDRESS 305 STO	CKBRIDGE ROAD				
CITY/TOWN: GRE	EAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: YEU	NG, CHUN TYPI	E OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE		IAIL ADDRESS		
	LICENSED PREMISI				
APPROX. 4,100 SQ. AND EXITS.	FT. WITH LARGE I	DINING AREA AN	D BAR AREA. TW	O ENTRANC	ES
I hereby certify and s	wear under penalties of	of perjury that:			
1. the renew	ed license will be of th	ne same type for the	same premises nov	v licensed;	
2. the license	ee has complied with a	all laws of the Comn	nonwealth relating	to taxes; and	
3. the premis	ses are now open for b	ousiness (If not expla	in below)		
SIGNED BY	Individual, Partner o	or Authorized Corne	rate Officer		
	marviduai, i artiici (n Addiorized Corpo	rate Officer		
DATE:	TELEDIJONE	ENHIMBED.	EMPLOYE	R IDENTIFICATIO	ON NUMBER:
	TELEPHONE	NUMBER:		dividual Social Sec	
					204 84
	d, attest that we are i I by the building insp				
	(2) the certificate of l				
Please Check Below:			LOCAL LICEN	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:	<u> </u>				
(If disapproved expla	iin)				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16A	<u> </u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 046400073		CITY OR TOW	N GREAT BA	ARRINGTON
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 286 MA	A BABA LOUIE' ORGA	NIC SOURDO	UGH PIZZA, CO		
		TATE: MA	ZIP CODE:	01230	
	SIERO, PAUL TYPE OF			CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		_
THE DINING ROO	LICENSED PREMISES: M CONTAINS 40 SEATS 20 SQUARE FEET OF DIN		. LIQUOR WILI	L BE SERVED	IN THE
 the renew the licens 	swear under penalties of per wed license will be of the sa see has complied with all la ises are now open for busin	me type for the ws of the Com	nonwealth relating		
SIGNED BY	Individual, Partner or A	uthorized Corpo	orate Officer		
DATE:	TELEPHONE NU	MBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are in po d by the building inspecto (2) the certificate of liquo	or and the head	l of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 0	46400074		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 105 STOCK	HIRO RESTAURANT, IN EBRIDGE RD	IC.			
CITY/TOWN: GREAT	T BARRINGTON STA	TE: MA	ZIP CODE:	01230	
MANAGER: YU, HA	IDONG TYPE OF LI	CENSE: Rest	aurant CA	ATEGORY:	All Alcohol
DESCRIPTION OF LIC	ASE ALSO VISIT OUR WEBSITE AND CENSED PREMISES: FREESTANDING BLDG			E 6 EVITS	
INCLUDING THREE I	FOR USE BY PUBLIC. DA AND OUTSIDE PATIO	INING ROO	M BAR AREA, SU		IIBACHI
I hereby certify and swe	ar under penalties of perjui	ry that:			
 the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 					
SIGNED BY	ndividual, Partner or Autho	orized Corpor	ate Officer		
DATE:	TELEPHONE NUME	BER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NU	MBER: 046400075		CITY OR TOWN GREAT	BARRINGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: FELD CORP NESS A FIORI			
ADDRESS 47	RAILROAD ST			
CITY/TOWN:	GREAT BARRING	STON STATE: MA	ZIP CODE: 01230	
MANAGER:	FELDMAN, MATTHEW H.	TYPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
			NG ROOMS, ONE ENTRANC han 28 persons in front of the	E AND
SIGNED BY		en for business (If not exp		
DATE:	TELEF	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	signed by the buildi	ng inspector and the hea	ne certificate required by Chap ad of the fire department for th urance required by Chapter 1	ie above
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
. 11	• /			
DATE:				



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LICENSE NUMBER: ()	46400077		CITY OR TOV	WN GREAT B	ARRINGTON
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: K	Kria Vrisi LLC				
DOING BUSINESS A	Aegean Breeze				
ADDRESS 327 STOCK	KBRIDGE RD				
CITY/TOWN: GREA	T BARRINGTON	STATE: MA	ZIP CODE	01230	
MANAGER: Tzezaili	dis, Fotini TYPE	E OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LIG	CENSED PREMISE	ES:			
BAR AND TWO DINI					
MEZZANINE. SERVIO			ΓΙΟ,LAWN AN	D COVERED P	ORCH.
STORAGE IN BASEM	ENI. IHKEE EXI	I EKIUK DUUKS			
I hereby certify and swe	ear under nenalties o	of periury that			
•	license will be of th	1 0 0	came premises	now licensed:	
	has complied with a	• •			
	are now open for b			ing to taxes, and	
3. the premises	are now open for bi	usiness (II not expir	illi below)		
SIGNED BY	ndividual, Partner o	r Authorized Corne	rata Officar		
1	ndividual, Partner o	r Authorized Corpc	orate Officer		
DATE:	TELEDUONE	NIIIMDED.	EMPL (OYER IDENTIFICA	TION NUMBER:
	TELEPHONE	NUMBER:		Γ Individual Social S	
We the undersigned, a		•			
Acts of 2004, signed b named license and (2)			_		
of 2010.	the certificate of h	quoi nability ilisu	rance required	by Chapter 110	o of the Acts
Places Charle Palavu					OD ITTL
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:	l		By:		
(If disapproved explain))				
(11 disappioved explain	,				
			-		
DATE:			-		
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400081	CITY OR TOWN GREAT BARRINGTON
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: BIZALION'S FINE FOOD, LTD DOING BUSINESS A ADDRESS 684 SOUTH MAIN STREET	
CITY/TOWN: GREAT BARRINGTON STATE: MA	ZIP CODE: 01230
MANAGER: BIZALION, HELEN TYPE OF LICENSE: Re	
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
SPECIALTY FOOD STYLE STORE THAT SELLS SANDW WILL BE SERVED AND CONSUMED WITHIN ONE ROO ON SOUTH SIDE OF BLDG.	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Com	monwealth relating to taxes; and
3. the premises are now open for business (If not expl	lain below)
SIGNED BY Individual, Partner or Authorized Corpo	orate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hearnamed license and (2) the certificate of liquor liability insured 2010.	d of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



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LICENSE NUMBE	CR: 046400082		CITY OR TOWN GREA	AT BARRINGTON
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME	: TANYAPORN, INC.			
DOING BUSINESS	S A SIAM SQUARE FIN	E THAI CUISINI	Ξ	
ADDRESS 290 MA	AIN STREET			
CITY/TOWN: GR	EAT BARRINGTON	STATE: MA	ZIP CODE: 0123	0
	'ASATIAN,NAV TYPE C ORN	OF LICENSE: Res	taurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS	
	F LICENSED PREMISES:			
			RAGE AREA; MAIN ENT LOT AT REAR OF BLDC	
I hereby certify and	swear under penalties of J	perjury that:		
1. the renev	wed license will be of the	same type for the	same premises now license	d;
2. the licen	see has complied with all	laws of the Comm	nonwealth relating to taxes;	and
3. the prem	nises are now open for bus	iness (If not expla	in below)	
SIGNED BY				
	Individual, Partner or A	Authorized Corpo	rate Officer	
DATE:			EMPLOYED IDENTIFIE	EIGA EION NUMBER
DATE.	TELEPHONE N	UMBER:	(Note: NOT Individual S	IFICATION NUMBER: Social Security Number)
				,
Acts of 2004, signe	ed by the building inspec	tor and the head	of the fire department fo	or the above
of 2010.	(2) the certificate of liqu	ior hability insul	rance required by Chapte	er 116 of the Acts
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	lain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 046400083		CITY OR TOWN	GREAT BARRINGTON
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: RUBINER'S CHEES	SEMONGER'S & G	ROCERS, LLC	
DOING BUSIN	TESS A			
ADDRESS 264	MAIN STREET			
CITY/TOWN:	GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230
	RUBINER, TYPE MATTHEW	E OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS	
	OF LICENSED PREMISE			
COMMERCIAL OF ALCOHOL	SF CAFE ATTACHED TO L BLDG; SINGLE EXIT O IN LOCKED AREA OF B or of the building facing the	NTO PUBLIC ALI ASEMENT. Outde	LEY AND ONTO M	AIN ST. STORAGE
	and swear under penalties o	1 5 5		
	enewed license will be of th			
2 41 - 13	icancaa hac campliad with a	Il laws of the Comp	nonwaalth ralating to	taves and
	icensee has complied with a		=	taxes, and
	premises are now open for b		=	rancs, and
	=	usiness (If not expla	ain below)	Tunes, and
3. the p	oremises are now open for b	usiness (If not expla	ain below)	Tuxes, and
3. the p	oremises are now open for b	usiness (If not expla	ain below) prate Officer EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
3. the p SIGNED BY DATE: We the unders Acts of 2004, s	Individual, Partner o	r Authorized Corpo	e certificate require	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above
3. the p SIGNED BY DATE: We the unders Acts of 2004, s named license	Individual, Partner of TELEPHONE signed, attest that we are in igned by the building inspected and (2) the certificate of limits.	r Authorized Corpo	EMPLOYER (Note: NOT Indece certificate required of the fire departed and the content of the fire departed of the fire departed by the content of the fire departed of the fire departed by the content of the fire departed by the content of the fire departed of the fire departed by the content of the fire departed of the fire	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above
3. the position of the position of the second secon	Individual, Partner of TELEPHONE signed, attest that we are in igned by the building inspected and (2) the certificate of limits.	r Authorized Corpo	EMPLOYER (Note: NOT Independent of the fire department of the fire d	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above Chapter 116 of the Acts

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 046400084		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSINESS					
ADDRESS 325 ST	OCKBRIDGE ROAD				
CITY/TOWN: GR	REAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: Zier	minski, Adam J. TYPE	E OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
ALCOHOL SERV WALL OF PREMIS I hereby certify and	swear under penalties of	ES: E AREA OF KITC of perjury that:	HEN, 280 SF LOCA		OUTH
	wed license will be of the		_		
	see has complied with a nises are now open for b		_	o taxes; and	
	nses are now open for o	usiness (II not exp.	ann ociow)		
SIGNED BY	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
Acts of 2004, sign	ed, attest that we are i ed by the building insp l (2) the certificate of l	ector and the hea	d of the fire departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:	,				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER	R: 046400085		CITY OR TOWN	UKEAT DE	AKKINGTON
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MANIRAJ, LLC				
DOING BUSINESS	A AROMA BAR & C	RILL			
ADDRESS 485 MA	IN ST				
CITY/TOWN: GRI	EAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: CHA PAR	AHAL, TYPE MJIT SINGH	OF LICENSE: Rest	aurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		
	LICENSED PREMISE				
ENTRANCE ROUT	E 7, EXPRESS AND T	TAKE OUT WINDO	OW.		
	see has complied with a sises are now open for be Individual, Partner o	usiness (If not expla	in below)	taxes; and	
DATE:	TELEDIJONE	NIIMDED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELEPHONE	NUMBER.	(Note: NOT Indi		
Acts of 2004, signe	d, attest that we are ind by the building insp (2) the certificate of li	ector and the head	of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	 ain)				
alsupproved expr	······				
DATE:					<u>—</u>



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LICENSE NU	MBER: 04640008/		CITY OR TOWN	GREAT BARRINGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: CRISSEY FARM C	CATERING,INC.		
DOING BUSI				
	6 STOCKBRIDGE ROAD	CTLATED 144	ZID CODE	01220
	GREAT BARRINGTON		ZIP CODE:	01230
MANAGER:	MANKIN, TYP ANDREW J.	E OF LICENSE: Res	staurant C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PREMIS			
RECEPTION ONE LEVEL. BUILDING A	Q. FT. SPRINKLERED BU AREA, DINING AREA LO 10 X 50 PATIO ATTACKI ND BASEMENT AREA FO E NORTH, EAST AND SO	OUNGE, BAR AREA ED TO THE EAST (OR STORAGE THE	A.KITCHEN AND F SIDE RECEPTION RE ARE TWO EN	RESTROOMS ON AREA OF THE FRANCES EXITS ON
I hereby certify	y and swear under penalties	of perjury that:		
1. the	renewed license will be of t	he same type for the	same premises now	licensed;
2. the	licensee has complied with	all laws of the Comr	nonwealth relating t	o taxes; and
3. the	premises are now open for l	business (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	pector and the head	d of the fire depart	ment for the above
Please Check Bel	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 046400088	CITY OR TOWN GREAT BARRINGTON
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: MEGJAKE, INCORPORATED	
DOING BUSINESS A THE NEIGHBORHOOD DINER	
ADDRESS 282 MAIN STREET	
CITY/TOWN: GREAT BARRINGTON STATE: MA	A ZIP CODE: 01230
MANAGER: CUM, PIERRE TYPE OF LICENSE: F	Restaurant CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	CA CINIC MAIN CEREET AND THE
STORE FRONT DINER WITH ONE ENTRANCE/EXIT FOTHER ENTRANCE/EXIT ON THE LEFT SIDE OF THE BARRINGTON HOUSE.	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for t	he same premises now licensed;
2. the licensee has complied with all laws of the Cor	_
3. the premises are now open for business (If not ex	plain below)
SIGNED BY Individual, Partner or Authorized Cor	rporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.	ead of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
(II disapproved explain)	
DATE:	



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LICENSE NUMBER: 046400089		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: MAHAIWE PERFORMING	G ARTS CEN	VTER, INC		
DOING BUSINESS A				
ADDRESS 14 CASTLE ST				
CITY/TOWN: GREAT BARRINGTON STA	TE: MA	ZIP CODE:	01230	
MANAGER: JOLLY, BERYL TYPE OF LIC	CENSE: Gen		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
THEATER WITH 691 SEATS, THREE BARS, C MAIN LOBBY, 2 BARS LOCATED ON BASEM			R OF FIRST	FLOOR,
I hereby certify and swear under penalties of perjur	y that:			
1. the renewed license will be of the same		•		
2. the licensee has complied with all laws of		_	taxes; and	
3. the premises are now open for business	(If not explain	in below)		
SIGNED BY Individual, Partner or Autho	orized Corno	rate Officer		
individual, I detile! of Addition	rized Corpor	auc Officer		
DATE: TELEPHONE NUMB	ven.	EMDI OVED	IDENTIFICAT	ION NUMBER:
TELEPHONE NUMB	SEK:	(Note: NOT Ind		
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor lit of 2010.	nd the head	of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:	21 (0 110 111	
DISAPPROVED:		•		
(If disapproved explain)		·		
DATE:				



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Annual	LICENSED FOR 20	013
CLASS		YEAR
INC		
STATE: MA	ZIP CODE: 01230	
E OF LICENSE: Resta	aurant CATEGORY:	Wine and Malt Regular
	AIL ADDRESS	_
KING LOT OFF STO	CKBRIDGE ROAD; SEASON	
of perjury that:		
• •	•	
	· ·	
usiness (If not explai	n below)	
_	,	
	,	
or Authorized Corpor		
or Authorized Corpor		
or Authorized Corpor		
or Authorized Corpor	ate Officer EMPLOYER IDENTIFICAT	
	ate Officer	
NUMBER: n possession (1) the sector and the head	ate Officer EMPLOYER IDENTIFICAT	er 304 of the above
NUMBER: n possession (1) the sector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chapte of the fire department for the	er 304 of the above of the Acts
NUMBER: n possession (1) the sector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chapte of the fire department for the ance required by Chapter 116	er 304 of the above of the Acts
NUMBER: n possession (1) the sector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chapte of the fire department for the ance required by Chapter 116	er 304 of the above of the Acts
NUMBER: n possession (1) the sector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chapte of the fire department for the ance required by Chapter 116	er 304 of the above of the Acts
NUMBER: n possession (1) the sector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chapte of the fire department for the ance required by Chapter 116	er 304 of the above of the Acts
	CLASS INC STATE: MA E OF LICENSE: Rest SITE AND ENTER YOUR EMA ES: I 20 SEATS INSIDE CING LOT OFF STO DECK OFF THE KIT of perjury that: the same type for the second of the Common	CLASS INC STATE: MA ZIP CODE: 01230 E OF LICENSE: Restaurant CATEGORY: SITE AND ENTER YOUR EMAIL ADDRESS ES: I 20 SEATS INSIDE; ONE EXIT ONTO THE PORCING LOT OFF STOCKBRIDGE ROAD; SEASON DECK OFF THE KITCHEN.



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LICENSE NUM	BER: 046400091		CITY OR TOWN GREAT	DARRINGTON
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: ENA CORPORATIO	ON		
DOING BUSINE	ESS A ENA CAFÉ			
ADDRESS 389	STOCKBRIDGE ROAD			
CITY/TOWN:	GREAT BARRINGTON	STATE: MA	ZIP CODE: 01230	
	DRUCKER, TYPE HILLARY	OF LICENSE: Rest	aurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREMISE	S:		
STORAGE ROC WITH TWO AD	M/OFFICETHE MAIN I	ENTRANCE IS IN T S ONE ON THE SIL	HEN, TWO BATHROOMS AT THE FRONT OF THE BUILD DE AND IN THE REARMAI	OING
I hereby certify a	nd swear under penalties o	f perjury that:		
1. the re	newed license will be of the	e same type for the s	ame premises now licensed;	
2. the lic	censee has complied with a	ll laws of the Comm	onwealth relating to taxes; and	l
3. the pr	emises are now open for bu	usiness (If not explai	n below)	
SIGNED BY	Individual, Partner or	r Authorized Corpor	rate Officer	
D + TTE				
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(Note: NOT marvidual Social	Security Number)
Acts of 2004, sig	gned by the building insp	ector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Below	<u>.</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE:				
DALL.				



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LICENSE NUI	MBER: 046400092		CITY OR TOWN	JREAT BARRINGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: LORI A. WELLER			
DOING BUSI	NESS A GYPSY JOYNT			
ADDRESS 293	3 MAIN STREET			
CITY/TOWN:	GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230
MANAGER:	WELLER, LORI A. TYPE	OF LICENSE: Rest	taurant CA	TEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISE	S:		
COUNTER FO	BE STORED AND SERVED OR ORDERING. THERE AR INCLUDE SERVICE OF BE H A BARRIER AROUND TI	E DOUBLE DOOR ER AND WINE TO	RS TO ENTER AND OUTDOOR SEAT	EXIT ONTO MAIN ING- 4 TABLES. 8
I hereby certify	y and swear under penalties of	perjury that:		
	renewed license will be of the	1 5 5	same premises now li	censed;
2. the	licensee has complied with al	l laws of the Comm	onwealth relating to	axes; and
3. the	premises are now open for bu	siness (If not explain	in below)	
SIGNED BY	Individual, Partner or	· Authorized Corpor	rate Officer	
DATE:	TELEPHONE	NII IMBED:	EMPLOYER II	DENTIFICATION NUMBER:
	TELEFTIONE	NUMBER.		idual Social Security Number)
Acts of 2004,	rsigned, attest that we are in signed by the building inspo e and (2) the certificate of li	ector and the head	of the fire departme	ent for the above
Please Check Belo	ow:		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	d explain)			
DATE:				
<i>νι</i> 11 μ.				



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LICENSE NUMBER: 046400093	(CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: THE BRICK HOUSE	PUB INC.			
DOING BUSINESS A				
ADDRESS 425 PARK STREET N.				
CITY/TOWN: GREAT BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: FLYNN, JOHN J. TYPE	OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBST	TE AND ENTER YOUR EMA	IL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES				
THE PREMISES CONSISTS OF 1 BAR WI A CAPACITY OF 50, TWO ENTRANCES/ DINING ROOMKITCHEN AND KITCHE	EXITS, ONE IN TH	HE BAR AREA A	ND ONE IN	
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the sa	ame premises now	licensed;	
2. the licensee has complied with all		•	taxes; and	
3. the premises are now open for bus	siness (If not explain	n below)		
SIGNED BY Individual, Partner or	Authorized Corners	uta Officar		
murvidual, rather of	Authorized Corpora	ne Officer		
DATE: TELEBRIONE N	W 7 (D D D	EMDI OVED	IDENTIFICAT	ION NUMBER:
TELEPHONE N	NUMBER:	(Note: NOT Indi		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspernamed license and (2) the certificate of liq of 2010.	ctor and the head o	of the fire departn	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)				
(II disapproved expiaili)				



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LICENSE NUI	MBER: 046400094		CITY OR TOWN	GREAT BARRINGTON
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: LA FIESTA RES NESS A LA FIESTA TE		NT	
ADDRESS 284	4 MAIN STREET #11			
CITY/TOWN:	GREAT BARRINGTO	N STATE: MA	ZIP CODE:	01230
MANAGER:	CHAIRES, TY ARMANDO	PE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	ISES:		
CAFÉ; ENTRA THE CORRID KITCHEN, EX	CLUB ON THE NE SID ANCES 2 AND 3 ARE T OR ON THE SW SIDE; IT SIX GOES FROM TI THE CLUB ON THE SE	HE MAIN ENTRAN FIVE IS ALSO ON T HE CLUB TO THE C	CES; ENTRANCES THE SW SIDE AND CAFÉ. THERE IS AN	3 AND 4 EXIT TO GOES TO THE I EMERGENCY
I hereby certify	and swear under penaltic	es of perjury that:		
	renewed license will be o		e same premises now	licensed;
	licensee has complied wit	* *	•	
	premises are now open fo		•	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004,	signed by the building in	nspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:			-	
DAIE.				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 046400095		CITY OR TOWN	GREAT BARRINGTON	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: MYKONOS GR	RILL INC.			
DOING BUSINESS A MYKONOS G	RILL			
ADDRESS 284 MAIN STREET STOI	RE #9			
CITY/TOWN: GREAT BARRINGTO	ON STATE: MA	ZIP CODE:	01230	
MANAGER: CONSTANTOPOULT OS, CHRIS	YPE OF LICENSE:R	estaurant CA	ATEGORY: Wine and Malt Regular	
EMAIL ADDRESS:				
	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREM	MISES:			
HALLWAYSECOND ENTRANCE STREETBEER AND WINE WILL CAPACITY OF 12 INSIDE AND TW FRONT OF RESTAURANTVIEW HALLWAY	BE STORED IN KITO O TABLES WITH T	CHENFOUR TABLI WO CHAIRS EACH I	ES WITH SEATING N HALLWAY IN	
I hereby certify and swear under penalt	ties of perjury that:			
1. the renewed license will be	of the same type for th	ne same premises now	licensed;	
2. the licensee has complied w	vith all laws of the Cor	nmonwealth relating to	taxes; and	
3. the premises are now open f	for business (If not exp	plain below)		
SIGNED BY Individual, Parti	ner or Authorized Cor	porate Officer		
DATE: TELEPHO	ONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
		(Note: <u>NOT</u> Ind	ividual social security Number)	
We the undersigned, attest that we a				
Acts of 2004, signed by the building named license and (2) the certificate of 2010.				
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED:		By:	n o no momi i	
DISAPPROVED:		<i>2</i> _J .		
(If disapproved explain)				



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	ON PREMISES	LICENSE REN	EWAL APPLICAT	<u>TION</u>	
LICENSE NUMBER: 04	6400096		CITY OR TOWN	GREAT BA	ARRINGTON
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	LICENSED FOR 2013 YEAR	
		CLASS			
LICENSEE NAME: W DOING BUSINESS A	BELL & ANCHOR	IC			
ADDRESS 178 MAIN S	TREET				
CITY/TOWN: GREAT	BARRINGTON	STATE: MA	ZIP CODE:	01230	
MANAGER: SCHWAI BETTIN	,	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		-
SOUTH SIDE (FACING (FACING MAIN STREE SIDE IS FOR EMERGE) PUBLIC USE. ALCHOFTHE RESTAURANT, A INCLUDED IN THE LICLOCATED ON THE EAR I hereby certify and swear	ET) AND THE PUB NCY EXIT ONLY. HOL IS TO BE STO S WELL AS IN A I CENSED PREMISE .ST SIDE OF THE I r under penalties of	ELIC ENTRANCE THE DOOR ON PRED BEHIND T LOCKED STORA ES IS A TWENT BUILDING. perjury that:	ES. THE DOOR ON THE NORTHEAST THE BAR LOCATEI AGE AREA ON THI Y-SEAT SEASONA	THE NORT SIDE IS NO CENTRAL E 2ND FLOC L OUTDOO!	HWEST OT FOR LY IN OR. ALSO
			same premises now		
	as complied with all are now open for bus		monwealth relating to ain below)	o taxes; and	
SIGNED BY	dividual, Partner or	Authorized Corpo	prate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building inspec	ctor and the hea	d of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	SING AUTHO	ORITY

(If disapproved explain)					
DATE:					
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)					